

\$RCE TRW

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL



Address to:

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/503,975
Filing Date	February 14, 2000
First Named Inventor	Pawan Goyal
Group Art Unit	2154
Examiner Name	Larry D. Donaghue
Attorney Docket Number	21816-04464

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-entitled application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. SUBMISSION REQUIRED UNDER 37 C.F.R. § 1.114

- a. Previously submitted
 - i. Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____ (Any unentered amendment(s) referred to above will be entered).
 - ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - iii. Other _____
- b. Enclosed
 - i. Amendment/Reply (Declaration of Pawan Goyal attached)
 - ii. Affidavit(s)/Declaration(s)
 - iii. Information Disclosure Statement (IDS)
 - iv. Other _____

2. Miscellaneous

- a. Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
- b. Return Postcard
- c. Other _____

3. Fees

- The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.
- a. The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 19-2555
- Fee Transmittal Enclosed (in duplicate)
- Check in the amount of \$395.00 enclosed

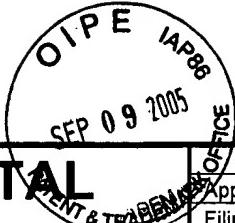
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Sabra-Anne R. Truesdale	Registration No. (Attorney/Agent)	55,687
Signature		Date	9-6-05

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office, or if the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on:

Name (Print/Type)	Sabra-Anne R. Truesdale	Registration No. (Attorney/Agent)	55,687
Signature		Date	9-6-05
Express Mail No.			



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\\$) 395**

Complete if Known	
Application Number	09/503,975
Filing Date	February 14, 2000
First Named Inventor	Pawan Goyal
Examiner Name	Larry D. Donaghue
Art Unit	2154
Attorney Docket No.	21816-04464

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number **19-2555**

Deposit Account Name **Fenwick & West LLP**

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee	Fee	Fee	Fee Description	Fee Paid
Code	(\$)	Code	(\$)	
SUBTOTAL (1)	(\\$) .00			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims Fee from below Fee Paid

Total Claims	-20** =	X	= 0
Independent Claims	-3** =	X	= 0
Multiple Dependent			= 0

Large Entity Small Entity

Fee	Fee	Fee	Fee Description	Fee Paid
Code	(\$)	Code	(\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\\$) .00

--or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051	130	2051 65 Surcharge - late filing fee or oath or declaration	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	120	2251 60 Extension for reply within first month	
1252	450	2252 225 Extension for reply within second month	
1253	1020	2253 510 Extension for reply within third month	
1254	1,590	2254 795 Extension for reply within fourth month	
1255	2,160	2255 1,080 Extension for reply within fifth month	
1401	500	2401 250 Notice of Appeal	
1402	500	2402 250 Filing a brief in support of an appeal	
1403	1000	2403 500 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	500	2452 250 Petition to revive - unavoidable	
1453	1,500	2453 750 Petition to revive - unintentional	
1501	1,400	2501 700 Utility issue fee (or reissue)	
1502	800	2502 400 Design issue fee	
1503	1100	2503 550 Plant issue fee	
1460	—	1460 — Petitions to the Director	
1807	50	1807 50 Processing fee for Provisional Applications	
1806	180	1806 180 Submission of Information Disclosure Stmt	
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	790	2809 395 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810 395 For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801 395 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	395
		Other fee (specify)	

SUBTOTAL (3) (\\$) 395

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) **Sabra-Anne R. Truesdale** Registration No. **55,687** Telephone (650) 335-7187

Signature

Date

9-6-05